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5.	TYPE OF COMMITTEE (Check One)									
	(a) X This committee is a principal campaign committee. (Complete the candidate information below.)									
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)									
	Name of Mark R Warner Candidate									
	Candidate Party Affiliation	on DEM	Office Sought:	House	X Senate	President	State VA District 0			
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.									
	Name of Candidate	<u>.</u>		1 1 1 1						
	(d)	This committee is a		(National, Stat	e) committee of the		(Democratic, Republican,etc.) Party.			
	(e) This committee is a separate segregated fund									
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.									
6.	Name of Any	/ Connected Organizat	ion or Affiliated	Committee						
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	Mailing Addre	ess 🖳	1 1 1 1 1 1			1 1 1 1 1				
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				CITY▲		STATE A	ZIP CODE			
	Relationship			<u> </u>	<u> </u>					
	Type of Conn	nected Organization:								
	Corp	oration		Corporation w/o Ca	pital Stock	Labor Org	ganization			
	Men	nbership Organization		Trade Association		Cooperative				